IREDELL COUNTY HEALTH DEPARTMENT 4678606592 340 337

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Johnny Clinton DATE 9-12-84 PERMIT NO. 448

PHONE: Business _____ Home _____

LOCATION 150 EAST of Y4 mile before Country line
12 dirt Road S. R. No. _____

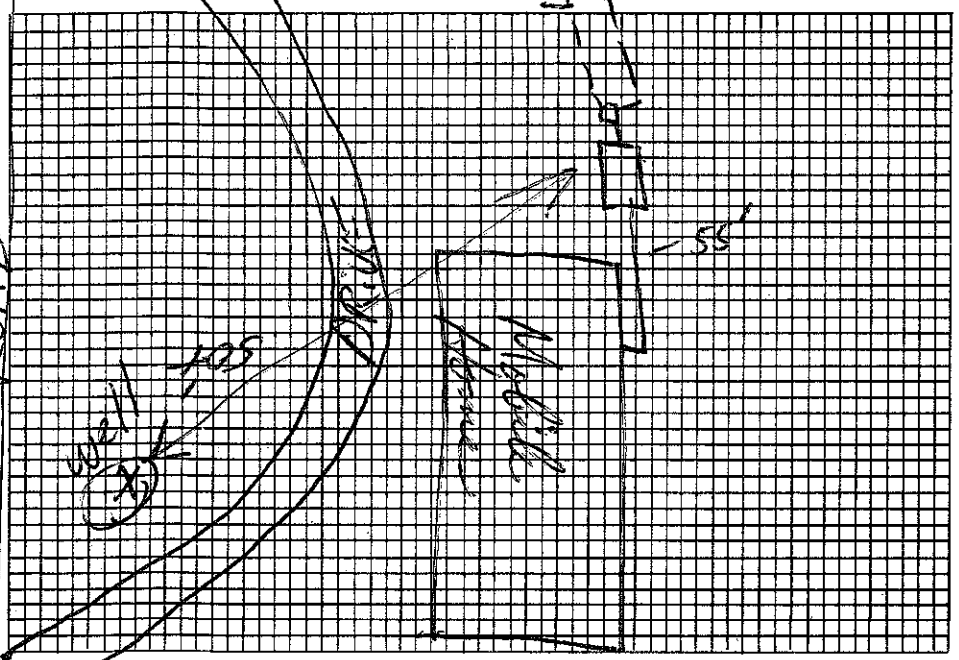
SUBDIVISION NAME Mooresville Country Estates LOT NO. 13 SECTION OR BLOCK NO. _____

House ( ) Mobile Home (X) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 1½
Garbage Disposal Unit Yes ( ) No (X)
Auto. Dishwasher Yes (X) No ( )
Auto. Wash. Machine Yes (X) No ( )
Site Suitable Yes (X) No ( )
Lot Area ACREAGE

Character & Porosity of Soil Clay
Percolation Rate 0.5 gal. ff 24 hrs
Topography Slight
Depth to Water Table _____
Rock or other impervious formations NONE obs.

_____ Basement with Plumbing _____ Basement without Plumbing X No Basement



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 2
Sq. Ft. 720 Linear Ft. 240
Depth of Stone in Lines 12"
Water Supply: Individual (X)
Public ( )

Installed by Wayne Dobson

I understand and agree to install septic tank system as specified on this Improvements Permit.

Signed: _____

IMPROVEMENTS PERMIT BY Fred Clemmer

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Fred Clemmer DATE 9-12-84

EXISTING SYSTEM CHECKED BY: _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

Permit is VOID if any unauthorized changes are made in installation of system and/or if any false information is supplied in making Improvements Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold

IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System – G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Johnny Clanton DATE 11-7-83 PERMIT NO. 225

PHONE: Business _____ Home _____

LOCATION 150 EAST 72 Last Road in County Lot on R

About 2000 FT from Road S. R. No. _____

SUBDIVISION NAME Mooresville Country Estates LOT NO. 13 SECTION OR BLOCK NO. _____

House (X) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 2 No. Bathrooms _____

Garbage Disposal Unit Yes ( ) No (X)

Auto. Dishwasher Yes (X) No ( )

Auto. Wash. Machine Yes (X) No ( )

Site Suitable Yes (X) No ( )

Lot Area 5.5 ACRES

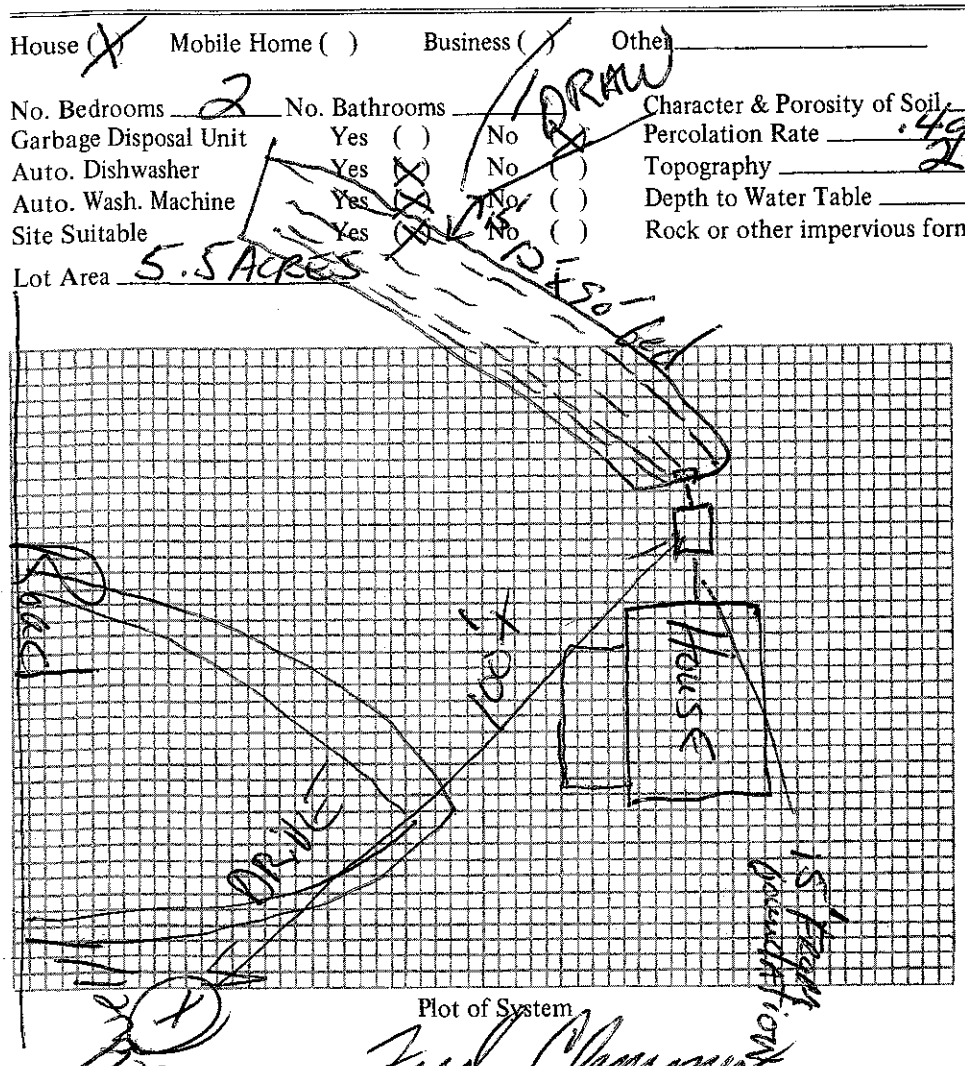
Character & Porosity of Soil Weathered PARENT material

Percolation Rate .49 GPD/ft² down 2 – 10" 4

Topography _____

Depth to Water Table _____

Rock or other impervious formations None observed



Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 4
Sq. Ft. 1080 Linear Ft. 360'
Depth of Stone in Lines 12"

Water Supply: Individual (X)
Public ( )

Installed by _____

I understand and agree to install septic tank system as specified on this Improvements Permit.

Signed: X Johnny Clanton

IMPROVEMENTS PERMIT BY Fred Clemmer

COMMENTS: Keep system shallow No more than 1.5' cover; follow contours of hillside; keep low side of trench at least 15' from draw

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

Permit is VOID if any unauthorized changes are made in installation of system and/or if any false information is supplied in making Improvements Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold

IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System – G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR RoseMARY Michael DATE 6-3-83 PERMIT NO. 140

PHONE: Business _____ Home _____

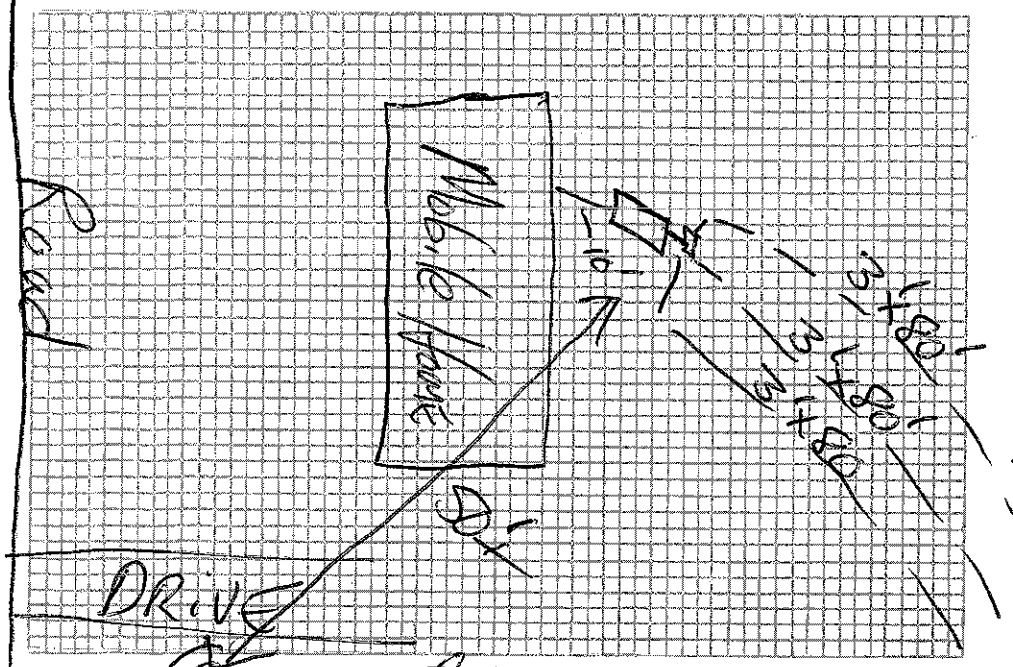
LOCATION 150 EAST Near Rowan Line TL dirt Road
Near END gNR S. R. No. _____

SUBDIVISION NAME Mocksville Country Estates LOT NO. 13 SECTION OR BLOCK NO. _____

House ( ) Mobile Home (X) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2
Garbage Disposal Unit Yes ( ) No (X)
Auto. Dishwasher Yes (X) No ( )
Auto. Wash. Machine Yes (X) No ( )
Site Suitable Yes (X) No ( )
Lot Area 5.5 ACRES

Character & Porosity of Soil Clay loam
Percolation Rate 0.5 gal/ft²/day
Topography 10-15% 4
Depth to Water Table _____
Rock or other impervious formations NONE observed



Plot of System

Size of Tank 1000 Gals.
Nitrification Field: 3
No. of Lines
Sq. Ft. 720 Linear Ft. 240'
Depth of Stone in Lines 12"
Water Supply: Individual (X)
Public ( )

Installed by _____

I Agree to install the sewage disposal System as shown.
X Rosemary Mccall

IMPROVEMENTS PERMIT BY Fred Clemmer

COMMENTS: Keep system as shallow as possible, follow contours

CERTIFICATE OF COMPLETION BY _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold